

# Ask Dr. Miller



November 2017

The following questions were posed by NBCCEDP grantees:

1. *Molecular Breast Imaging (MBI) is a new nuclear medicine image test for detecting breast cancer. It is promoted for women with dense breast tissue. Is this test covered by the NBCCEDP?*

The NBCCEDP does not cover MBI because nuclear image procedures are not recommended for breast cancer screening under any guidelines. In addition, this test is not a covered procedure by Medicare. By federal law, the NBCCEDP reimbursements are restricted to Medicare reimbursement rates.

2. *Our radiology provider states that BUN and creatinine blood tests are required prior to a breast MRI with contrast. Can the program pay for these blood tests?*

Contrast material maybe contraindicated in some patients with kidney disease. These blood tests are needed to assess a patient's kidney function. Therefore, grantees can cover those tests as prerequisites to having a breast MRI with contrast.

3. *CPT code 88307 is listed for breast pathology on the CDC's CPT Allowable List. When our women undergo a LEEP, Quest bills the 88307 CPT code for the pathological evaluation of the surgical cervical biopsy. Can we pay this?*

Yes. This code has historically been listed with our CPT codes for breast procedures. But it can be used for all surgical biopsies per the CPT guidebook. This CPT code indicates a higher level of complexity for pathological evaluations. So grantees can cover this CPT code for LEEP specimens.

4. *Is it appropriate to repeat a Pap test after a 6 month interval if the co-testing results are HSIL and HPV+, followed by a colposcopic biopsy of CIN 2,3? A LEEP was recommended for this 34 year old woman, but she did not have it because she was uninsured at the time. She is now enrolled in our program. Per her physician, there is a 40% chance of regression of CIN II. Due to the gap in care, her physician decided to repeat the Pap test. In addition, this woman had a prior cervical screening result of LSIL and HPV+ with CIN 1 on colposcopy.*

According to the ASCCP guidelines, if a young woman does not undergo treatment, she should have a colposcopy with cytology at 6 month intervals for 12 months. Therefore, this patient should have a colposcopy with her repeat Pap test. If the cervical lesion progresses to CIN3 or if the CIN2,3 persists for 24 months, she should proceed to

treatment. Because this woman did not undergo treatment for worsening cervical pathology, she should be followed closely and treated promptly if she has persistent abnormal cervical pathology.

5. ***I have a client who has a history of breast cancer. Her follow-up mammograms have been abnormal, but not diagnostic of cancer. She has a naturopathic provider who recommended that she gets the Dutch Endocrine test. Is this test covered through the program?***

This is a blood panel that tests for different hormones to determine if a patient may be at increased risk for various diseases. This is not a test specific for screening or diagnostic evaluation of breast or cervical cancer. Therefore, this test is not covered by the NBCCEDP.

6. ***We have a woman who is on Medicare for social security disability (SSDI). She is under 65 years old and only receives Part A. She is not be eligible for Medicare Part B until she reaches the age of 65. Can she be enrolled in the NBCCEDP?***

If this woman is not eligible for Medicare Part B and has no other source of insurance for preventive screening since Medicare Part A only covers inpatient care, she can qualify for the NBCCEDP if she meets all other age and income eligibility requirements.

7. ***Our state is proposing the following language to be included in mammography results sent to women with dense breast tissue:***

***"Mammography is the only breast cancer screening examination which has been shown in multiple randomized clinical trials to reduce death rate from breast cancer. However, it is not a perfect test, specifically in women with dense breast tissue. Because your mammogram demonstrates that you have dense breast tissue, you may benefit from supplementary screening tests, depending on your personal risk factors and family history. Although other screening tests may find additional cancers, they may not necessarily increase survival. Nevertheless, you should discuss your mammography results with your health care provider. A copy of your mammography report has been sent to your health care provider's office. Please contact your health care provider if you have any questions or concerns about this notice."***

***Does CDC have any recommendation regarding women with dense breast tissue?***

CDC does not make any cancer screening recommendations. However, no national guidelines recommend specific screenings due to dense breast tissue. The language they are proposing is standard. Women should be informed of their breast density and discuss this with their physicians along with any other risk factors.